

The Honorable Elissa Slotkin

7th Congressional District, Michigan

Privacy Authorization Form

Last name: _____ First name: _____ Middle name: _____

(Petitioner/Applicant)

Street Address: _____

City: _____ State: MI Zip code: _____

Home phone: _____ Work phone: _____

Email address: _____

Last name: _____ First name: _____ Middle name: _____

(Beneficiary)

Date of birth: _____ Alien #: _____ Citizenship: _____

Type of Petition/Application: _____ Department of State Case#: _____

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate government agencies to release information about me and relevant to this inquiry to Representative Elissa Slotkin (MI-8) and her staff.

Signature: _____ Date: _____

Please sign and upload the completed form when you submit your casework request at slotkin.house.gov/help-federal-agency

If you have any questions please contact my district office at (517)993-0510.

Please Explain the Problem:

How can Congresswoman Elissa Slotkin assist you with this matter?

Have you contacted any other congressional offices? If so, whom did you contact and what was the outcome?

How did you hear about Congresswoman Slotkin's casework services?

- ☐ Word of mouth ☐ Internet search ☐ Social media post ☐ Resource fair ☐ Community bulletin board
- ☐ Newsletter from an organization or group ☐ Postal mailing ☐ Electronic mailing
- ☐ Calling Congresswoman Slotkin's office ☐ In person meeting or event with Congresswoman's staff
- ☐ In person meeting or event with Congresswoman ☐ Reviewing Congresswoman Slotkin's website
- ☐ Online meeting or event with the Congresswoman
- ☐ Online meeting or event with the Congresswoman's staff
- ☐ Other

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